

1FN

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of: Johnson E. Goode et al.
For: Deflectable Medical Therapy Delivery Device Having Common Lumen Profile
Serial No.: 10/656,750
Filed: September 5, 2003



CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 18th day of February, 2005.

Signature Sue McCoy
Sue McCoy
Printed Name

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Supplemental Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Copies cited references
- ☒ Return Postcard

FEE CALCULATION

- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)
- ☒ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a _____ months' extension of time. If an additional extension of time is required, please consider _____ this petition therefor.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

02/18/05
Date

Girma Wolde-Michael
Girma Wolde-Michael
Reg. No. 36,724
Telephone: (763) 514-6402
Customer No. 27581



PATENT

IN TASK OFFICE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Johnson E. Goode et al. Docket No.: P-11367.00
Serial No.: 10/656,750 Group Art: 3763
Filed: September 5, 2003 Examiner:
Title: DEFLECTABLE MEDICAL THERAPY DELIVERY DEVICE HAVING
COMMON LUMEN PROFILE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Dear Sir:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The enclosed patents are cited as potentially pertinent to examination of the above application. The attorney for applicants certifies according to CFR §1.97(e) that each item of information contained in this Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign patent application not more than three months prior to filing of the Statement.

Respectfully submitted,

JOHNSON E. GOODE ET AL.

By: 
Girma Wolde-Michael
Registration No. 36,724
Tele: (763) 514-6402
Customer No. 27581

Date Mailed:

Page 1 of 1

FORM PTO-1449

(Rev. 2-32)

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICESUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT BY APPLICANT
(Use several sheets if necessary)ATTY. DOCKET NO.:
P-11367.00

SERIAL NO: 10/656,750

APPLICANT: Johnson E. Goode et al.

FILING DATE:
September 5, 2003

GROUP: 3763

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE ISSUED	INVENTOR NAME	U.S. CLASS	U.S. SUB- CLASS	FILING DATE IF APPROPRIATE
	AA	2004/0193149 A1	09/30/04	Koblish	606	41	
	AB	6,029,671 A	02/29/00	Stevens et al.	128	898	
	AC	5,507,725 A	04/16/96	Savage et al.	604	95	

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE PUBLICATION	COUNTRY	INT. CLASS	INT. SUB- CLASS	TRANSLATION	
							YES	NO
	AD	EP 0 521 595 B1	12.05.1999	EP	A61M	25/01		
	AE	EP 0 624 380 B1	10.02.1999	EP	A61M	25/01		
	AF	WO 02/096483 A2	05.12.2002	WO	A61M			

OTHER DOCUMENTS (Including Author, Title, Date Pertinent Pages, Etc.)

EXAMINER

DATE CONSIDERED

EXAMINER:

Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.